

# Release of investigation details to Manager regarding EAP Clinical and Worklife services

**Form 3: Investigation Form – 2 pages – please complete both pages**

## Organisation and Manager Details

Organisation name		Location/Branch	
Name of manager raising issue		Telephone	
		Email	

## Employee Details

Mr / Mrs / Miss	Forename(s)	Surname	
Home address	Work address	GP name, address and telephone number (if relevant)	
Employee's home telephone	Employee's mobile telephone Employee's email address:	Employee's work telephone	

## Background information/Additional Details

<p><b>What service was the individual trying to access?</b> (E.g. In the moment support call? Structured short term telephone counselling? Face-to-Face Counselling? Information and Signposting etc. etc.)</p>	
<p><b>What telephone number did the employee call to access the service?</b></p>	
<p><b>Date and time of call?</b> If you do not have the exact date or time please note that an approximate is fine (please state if you are providing an approximate date and or time)</p>	

<p><b>Brief description of the service issue:</b>          E.g., was there a problem with receiving a call back or additional information?          Was there an issue with the person who handled the call? Etc.</p>	
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**Contact Arrangements**

Unless otherwise stated, Education Support’s Head Office and / or the service centre – will contact the employee via telephone to discuss any service breakdown and / or to set up services.

Which telephone number should we use? Home / Mobile / Work

Can we leave a voicemail?  Yes  No

**Feedback to third party / manager**

This form allows Education Support’s service centre to confirm to the manager that the employee contacted the service previously. It also allows the results of the investigation (as to whether a service breakdown has occurred) and any relevant information to the investigation be disclosed to the manager. Including what action(s) have been put into place if relevant.

Signing this form does not authorise the disclosure of confidential information.

**Confirmation of agreement of release of information related to the investigation**

**We can only accept handwritten signatures – typed signatures**

Employee Signature <b>Mandatory</b>		Manager Signature <b>Mandatory</b>	
Date		Date	

Please email this form to [servicedelivery@edsupport.org.uk](mailto:servicedelivery@edsupport.org.uk)